

<b>COMPLAINT - FOLLOW UP INFORMATIONAL</b> PD 313-081A (Rev. 4-89)-31		PAGE _____ OF _____ PAGE								
		Crime <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Pct. <div style="border: 1px solid black; text-align: center;">43</div>	OCEB No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Complaint No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Date of This Report <div style="border: 1px solid black; text-align: center;">2/12/01</div>				
Date of Orig. Report <div style="border: 1px solid black; text-align: center;">2/12/01</div>	Date Assigned <div style="border: 1px solid black; text-align: center;">2/12/01</div>	Case No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Unit Reporting <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Follow-Up No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>						
Complainant's Name - Last, First, M.I. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Victim's Name - If Different <div style="border: 1px solid black; height: 15px; width: 100%;"></div>								
Last Name, First, M.I. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Address, Include City, State, Zip <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Apt. No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>						
Home Telephone <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Business Telephone <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Position / Relationship <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Sex <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Race <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Date of Birth <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Age <div style="border: 1px solid black; height: 15px; width: 100%;"></div>				
Total No. of Perpetrators <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Wanted <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Arrested <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Weapon <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Describe Weapon (If firearm, give caliber, make, calibre, type, model, etc.) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
Wanted <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Arrested <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Last Name, First, M.I. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Address, Include City, State, Zip <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Apt. No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Res. Pct. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			
Sex <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Race <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Date of Birth <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Age <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Height <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Weight <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Eye Color <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Hair Color <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Hair Length <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Facial Hair <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	NYSID No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses Clothing Description: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Scars, Marks, M.O., Etc. (Continue in "Details"): <div style="border: 1px solid black; height: 15px; width: 100%;"></div>								
Wanted <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Arrested <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Last Name, First, M.I. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Address, Include City, State, Zip <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Apt. No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Res. Pct. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			
Sex <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Race <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Date of Birth <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Age <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Height <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Weight <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Eye Color <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Hair Color <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Hair Length <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Facial Hair <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	NYSID No. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses Clothing Description: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Scars, Marks, M.O., Etc. (Continue in "Details"): <div style="border: 1px solid black; height: 15px; width: 100%;"></div>								
A WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."										
Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No		In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Time <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/>				
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No		In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Time <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/>				
Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained <div style="border: 1px solid black; height: 15px; width: 100%;"></div>				
Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results <div style="border: 1px solid black; height: 15px; width: 100%;"></div>								
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future		Results <div style="border: 1px solid black; height: 15px; width: 100%;"></div>								
Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No		By (Enter Results in Details) 								